

MAY 21 2013

FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT  
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

JAMES W. McCORMACK, CLERK  
By: J. Brown  
DEP CLERK

IN THE UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF ARKANSAS

PINE BLUFF DIVISION

Jury Trial ☒ Yes ☐ No  
(Check ONE)

CASE NO. 5:13-CV-155 SMW/JTK

I. Parties

In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.

- A. Name of plaintiff: BYRON WALLACE  
ADC# 107098  
Address CUMMINS UNIT, P.O. BOX 500, GRADY, AR. 71644  
Name of plaintiff: \_\_\_\_\_  
ADC# \_\_\_\_\_ This case assigned to District Judge Wright  
and to Magistrate Judge Kearney  
Address \_\_\_\_\_  
Name of plaintiff: \_\_\_\_\_  
ADC# \_\_\_\_\_  
Address \_\_\_\_\_

In Item B below, place the full name of the defendant in the first blank, his official position in the second blank, his place of employment in the third blank, and his address in the fourth blank.

- B. Name of defendant: WENDY Kellor & LARRY MAY  
Position: Deputy Director of Meds, & ADC Assist. Director  
Place of employment: Cummins Ark. Dept. of Correction  
Address: P.O. BOX 8707, Pine Bluff, AR. 71611  
Name of defendant: M. Austin & LAURA Lee MORGAN  
Position: Administrator / Mental Health Supervisors or  
Designee  
Place of Employment: Cummins A.D.C. UNIT  
Address: P.O. BOX 500, GRADY, AR. 71644

Name of defendant: MS. BLAND, Dr. WARREN & Dr. MOORE

Position: Nurse & Doctors

Place of Employment: Cummins A.D.C. UNIT

Address: P.O. BOX 500, GRADY, AR. 71644

Name of defendant: Jimmy E. Mizell, Ms. ESAU, G. LAY, LANVANO  
White

Position: ADC Grievance Coord., Nurse, Warden, R.N. &

Place of Employment: Cummins ARK. Dept. of Correction

Address: P.O. 500, GRADY, AR. 71644

II. Are you suing the defendants in:

- ☐ official capacity only  
☐ personal capacity only  
☒ both official and personal capacity

III. Previous Lawsuits

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes + No NOV. 28, 2012  
I was stabbed Recently in

B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

☐ Parties to previous lawsuit

Plaintiffs: BYRON WALLACE

Defendants: WARDEN GAYLON LAY & Assist. Director  
LARRY MAY

☐ Court (if federal court, name the district; if state court, name the county):

U.S. District Court Eastern District of ARK.

☐ Docket Number: CASE 5:13-cv-00068-JLH-JTR

- ☐ Name of judge to whom case was assigned: J. Thomas RAY & Leon HOLMES
- ☐ Disposition (for example: Was the case dismissed? Was it appealed?  
Is it still pending? Still Pending
- ☐ Approximate date of filing lawsuit: 3/1/2013 at 3:50 PM CST
- ☐ Approximate date of disposition: Still Pending

IV. Place of present confinement: Ark. Department of Corrections, Cummins  
UNIT, P.O. 500, GRADY, AR. 71644

V. At the time of the alleged incident(s), were you:  
(check appropriate blank)

in jail and still awaiting trial on pending criminal charges

✓ serving a sentence as a result of a judgment of conviction

\_\_\_\_\_ in jail for other reasons (e.g., alleged probation violation, etc.)  
explain: \_\_\_\_\_

VI. The Prison Litigation Reform Act (PLRA), 42 U.S.C. § 1997e, requires complete exhaustion of administrative remedies of all claims asserted, prior to the filing of a lawsuit. There is a prisoner grievance procedure in the Arkansas Department of Correction, and in several county jails. Failure to complete the exhaustion process provided as to each of the claims asserted in this complaint may result in the dismissal without prejudice of all the claims raised in this complaint.

A. Did you file a grievance or grievances presenting the facts set forth in this complaint?

Yes ☒ No

B. Did you completely exhaust the grievance(s) by appealing to all levels within the grievance procedure? *Note: I finally received back my appeal*

Yes ✓ No ✓ ~~22m~~ grievance from central office on the 14th of MAY 2013, instead of the 9th MAY. AMEN!

If not, why? Because Cummins A.D.C. + their Medical administ.

ration is purposely conspiring together denying me the last step to complete the exhaustion process of the claims asserted in this complaint, by Central OFFICE not Responding & trying<sup>to</sup> hide conclusive evidence of CU-13-00276 by sending not back my original grievance copy. I still have the number, thou!

## VII. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

### 1. Jurisdiction And Venue

1. This is a civil action authorized by 42 U.S.C. section 1983 to redress the deprivation, under color of State Law, of rights secured by the Constitution of the United States. THE Court has jurisdictions under 28 U.S.C. section 1331 And 1343. Plaintiff seeks declaratory relief pursuant to 28 U.S.C. section 2201 and 2202. Plaintiff's claims for junctive relief are authorized by 28 U.S.C. section 2283 + 2284 and Rule 65 of the Federal Rules of Civil Procedure.

2. The Pine Bluff of district you are filing your suit in is an appropriate Venue under 28 U.S.C. section 1391 because it is where the events giving rise to this claim occurred. Denied of medical treatment.

### II. PLAINTIFFS

3. Plaintiff, Mr. Byron L. WALLACE, # 107098, <sup>And Defendants</sup> ~~is and was at~~ all times mentioned herein a prisoner of the State of Arkansas in the custody of Cummins A.D.C., along with medical administrators. He is currently Confined in cummins Unit adseg. where plaintiffs are Confined for being punished.

### III Defendants

4. Defendants here mentioned, RAY Hobbs is Head of Corrections Department, And LARRY MAY is the Assistant Director Commissioner of the State of ARKANSAS. Both defendants are legally responsible for the overall safety operation of the Department as well as making sure the Medical administration is doing their job as well at each institutions under its jurisdiction, including Cummins Unit Prison farm where plaintiffs are Confined.
5. Defendant, GAYLON LAY is the Head Warden over security of Cummins Unit. So He is legally responsible for the operation of Cummins Unit Maximum security & General populations and for the welfare & health care of all the inmates of that prison.
6. Defendants: Ms. M. Austin and Laura Lee MORGAN are current Administrator / Mental health supervisors or Designees now present, and mention in this complaint are totally responsible for the health care provisions due to each inmate being at the Cummins A.D.C. UNIT. Anything concerning Medical or Mental, They are accountable for their HIGH Position in Rank.
7. Defendants: Wendy Kelley and LARRY MAY, are Both Directors in Medical Administration Dept. and Assistant Directors at the Central OFFICE, where grievance of complaints, where inmates report unlawful incidents are being taken place in the ARKANSAS Dept. of Corrections.
8. Defendant: Ms. BLAND, Ms. ESAU, AND Ms. LANVAND White are NURSES that Cummin UNIT USES to Pretend to Refer inmates to see a Doctor, But the Big Catch is this, inmates Rarely unfortunately do see the Doctor when sayed Promised of Referral by Nurses. Plaintiffs are neglected for treatments.

Defendants Continued

9. Defendants, Dr. MOORE was a bogus Doctor under the Cummins Unit A.D.C. administration medical department who was fired after an inmate named Hubbard died on the 15th Feb. 2013 in the adseg. security 14 barrack buildings because of Dr. Moore's Lack of Professionalism. Cummins is trying cover up their unfair treatments. Dr. Moore is responsible for denying me proper prescribed insulin shots, after I plainly stated the Facts when I did see Him at chance of opportunity being scheduled over. again after being referred to see Him. Mr. Hubbard
10. Defendant, Wendy L. Kelley, et al. in which holds the title of being the Deputy Director is Held liable for mishandling my grievance # CU-13-00276 for the sole purpose of the plaintiff not to completely exhaustion of Medical grievance process. Defendant's misconduct is clearly an example of misuse of High positioning of authority. Violating my due process Rights of the U.S. Constitution.
11. Defendant, M. Austin is the Supervisor or Designee over Meds. Administrator/Mental Health, who has purposefully determined unlawfully after Reviewing the plaintiff's medical jacket, will ~~fully~~ denied the plaintiff proper Health Care. Didn't do a ~~full~~ fully investigation concerning plaintiff's Chronic Care.
12. Defendant, Ms. BLAND is supposed to be an Advanced Practice Nurse and Represents a Qualified medical professional at CUMMINS UNIT A.D.C.. So she is now consider Legally responsible for illegally preventing plaintiff's from receiving His prescribed medication in which a Very professional doctor prescribed for Him to do. Defendants of plaintiff's Health Care ISSUES. It could cause death for denial of INSULIN shots as well as plaintiff BLOOD SUGAR Level not being properly daily monitored.

Defendants Continued

13. Defendant, Dr. WARREN is Very Much Described as the Head Doctor Supervisor at the CUMMINS A.D.C. UNIT. He is very much responsible for disregarding plaintiff medical treatment being denied over  $3\frac{1}{2}$  years of plaintiff constantly informing the defendant & nurses stated in this claim of being unequal denied prescribed medicine and treatment. The defendant was clearly advised by plaintiff that He take prescribed insulin shots twice daily along with pills, to no avail.
14. Each ~~Def~~ Defendant is being rightfully sued individually and in their official capacities. At all times defendants mentioned in this complaint each acted under Color of State Law. A couple of these defendants mention in this complaint are trying willfully to destroy facts of evidence of denied medical treatments toward Plaintiff unlawfully withheld from Him.

Additionally, for some parent reason, Now that the defendants have written a "Confidential" Letter on the 14<sup>th</sup> of MAY 2013 to me, plaintiff, And now Nurse Williams told plainly me that the medical infirmary don't want me to have my Diabetic pills on my person. She informed me that now after the 14 of May, that a Nurse would bring my medicine to me twice daily instead of monthly issued pill carts. Still if Looking at the 14 barracks Cameras, You can see that the defendants ain't doing their jobs right. No blood sugar checks or insulin even thought about, I used to take up to 10 units of  $7/30$  dosage twice a day when my blood Level was over 200 mostly a day. MY Free world doctors at the VA Hosipitals can affirmed that!

7

(8) 13

## VII. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

FACTS

MY Claim is solely based on the facts that these  
defendants mention at all times as well as others, that I am  
about to reveal here in the space provided has purposely  
denied me medical treatments, improper Dentist personnel,  
accura blood sugar checks & insulin shots of (7/30) I used  
to take along with pills twice daily because I'm a Diabetic  
in which I'm being unlawfully withheld hoping that I'll  
die without not receiving no shots of dosage, and  
plus the fact is if I put forth the effort for any matters  
or reasoning at all concerning health issues to disregard.  
Time & Time again for 3 1/2 yrs. as of now the 10th of MAY  
2013, that I have repeated told, ask, & questioned Doctors,  
Nurses, OFFicers, and even the Director Larry May in  
front of Warden Gaylon Lay at the Director Review  
Classification about the first week in December of 2012.  
L.MAY filled out report as if I had issues explaining my  
self in detail. Cover up, Excuses! So here is some names  
to be known: Ms. ESAU, <sup>Ms.</sup>Wilson, Ms. Boozer, and Ms. OWEN,  
Ms. Green, and Nurse King. I did not know about the Law  
about exhausting grievances way back then until I got  
stabbed in NOV. 28, 2012, in order to be able even to have  
a chance at filing a Lawsuit for being treated by staff as  
well as the medical fields, wrongly. The Warden has had had  
His personal Hands against me for so long. Yes, Warden Lay. AMEN



IN THE UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF ARKANSAS  
PINE BLUFF DIVISION

BYRON WALLACE #107098 *etal*

PLAINTIFF

VS.

CASE NO: \_\_\_\_\_

WENDY KELLEY, LARRY MAY, MARY AUSTIN,  
LAURA MORGAN, M<sub>s</sub>. BLAND, Dr. WARREN, Dr. MOORE,  
JIMMY MIZELL, M<sub>s</sub>. ESAV, GAYLON LAY, *etal.*, *etc.* DEFENDANTS

COMPLAINT  
"LEGAL CLAIM"

- (1) Plaintiff, BYRON WALLACE hereby states that this is a 1983 Suit against the Arkansas Dept. of Correction medical administration as well as CUMMINS PRISON OFFICIALS OVERSEEING inmates, alleging that the medical department at Cummins is still as of today for over three and one half of a years is intentionally denying the plaintiff proper prescribed medical treatment by HIS VA Medical Doctor.
- (2) Plaintiff, BYRON WALLACE hereby states that Medical staff AND Prison administrative OFFICIALS ARE for sure showing deliberate indifferent and LACK of interested development of Plaintiff's health CARE ISSUES. TOTALLY VIOLATING HIS Rights of the Eighth & Fourteenth Amendment.
- (3) PLAINTIFF hereby states that the Assistant Deputy Director LARRY MAY was specifically notified and is aware of inmates health care being denied at a CLASSIFICATION Hearing. Failure to Follow upon an investigation or take immediate action, has subject the Assist. Director to be Liable. And punitive damages should be rewarded to the plaintiff. BY not allowing the plaintiff proper Meds. The defendant has allowed the Plaintiff to endure Cruel and unusual Punishment. Fortunately the Plaintiff is still amazingly ALIVE.

(4) Defendant, WENDY Kelley has willfully tried to Extend my grievance appeal form received in Her office on this date 03/28/2013, informing me (plaintiff) that I would receive communication from Central OFFICE regarding my grievance by 05/09/2013. But she didn't respond and didn't notify me ~~of~~ of another intention prolonged extension hoping that I wouldn't have the sense to Proceed without the ORIGINAL COPY's that she purposefully conspired together with her BOSS's to keep from me or destroy evidence. AMEN!

(A.) PLAINTIFF is asking this Honorable United States Court for monetary relief in the \$ 250,000.00 plus costs associated with this.

(B) PLAINTIFF is also asking this court for an "Demand of Jury Trial."

#### Prayer For Relief

Wherefore, THE PLAINTIFF Respectfully prays that this Honorable Court Enter Judgement:

- (1) Granting the plaintiff a declaration that the acts and omissions Described Herein Violated His Rights under the constitution and Laws of the State of Arkansas,
- (2) Grant the PLAINTIFF compensatory Damages IN the amount of \$75,000.00 against Each Defendant, jointly and severally.
- (3) The PLAINTIFF also request a jury trial on all ISSUES, Triable By a Jury.
- (4) The PLAINTIFF SEEKS RECOVERY of the costs in this suit And; ANY and ALL Damages or additional Relief THRS Honorable Court Deeme JUST, Proper, and Equitable.

VIII. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

ON Behalf of defendants purposely denying me insulin  
for medical treatment, relieved of duty, and plaintiff  
is seeking monetary relief for \$10,000 a month for each day purposefully  
withheld insulin & accurate blood sugar checks without notice of  
reason or the justification why.

I declare under penalty of perjury (18 U.S.C. § 1621) that the foregoing is true and correct.

Executed on this 12 day of MAY, 20 13.

B. Wallace #107098

432-33-1737

P.O. 500, GRADY, AR. 71644  
(Signature(s) of plaintiff(s))

Arkansas Department of Correction

AR

STATE OF ARKANSAS )

) SS

COUNTY OF )

Jefferson

SUBSCRIBED AND SWORN TO BEFORE ME, a Notary Public, this 16<sup>th</sup>

day of May, 2013.

Edwin Robinson Sr.  
Notary Public

**EDWIN ROBINSON SR.**  
NOTARY PUBLIC  
Commission # 12360081  
Commission Expires March 30, 2017  
County of Jefferson

My Commission Expires: March 30, 2017

CERTIFICATE OF SERVICE

A COPY OF THE FOREGOING has been served by United States Mail to

THE U.S. District Court, Eastern District of Ark, PINE BLUFF  
against defendants: Wendy Kelley, LARRY MAY, M. Austin, Dr.  
MOORE, LAURA MORGAN, et al, Dr. WARREN, on this 16 day of  
MAY, 2013.

B. Wallace #107098  
Plaintiff

IN THE UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF ARKANSAS  
PINE BLUFF DIVISION

BYRON L. WALLACE, #107098, etal

PLAINTIFF

VS.

CASE NO: \_\_\_\_\_

WENDY KELLEY, etal., etc.

Defendants

State of the Case:

THIS is a Civil Right case filed under 42 U.S.C. § 1983 by a State Prisoner and asserting claims for the Unconstitutional denied of Medical treatment and Deliberate INDifference of Due Process Rights shown by defendants towards PLAINTIFF when needing medical attention. MISUSE OF Authority's when help is needed at exact moment. THE PLAINTIFF seeks damages as to all claims and an injunctions to ensure proper med. treatment.

Statement of Facts:

THis complaint alleges that the Plaintiff is continually denied insulin shots as well as His Rights to see blood sugar accurate checks to be tested daily for Health personal records, to ensure sugar level don't go over 300 often. Headaches, Exhausted Breathing, and Dizziness is disregarded by Medical staff, And other Health problems when they occur.

When PLAINTIFF is finally seen concerning sick call matters, THE NURSES check your vital signs & weight, then they always tell you that they'll refer you to a Doctor for GOD knows when ever that maybe.

Agreement or Argument

THE U.S. COURT should appoint counselor for the plaintiff in deciding whether to appoint counsel for an Indigent litigant. The Court should consider "the factual complexity of the case, the ability of the Indigent to Investigate the facts, the existance of conflicting testimonys, the ability of the indigent to present his claim, and the complexity of the Legal issues."

### Factual Complexity:

- (1) THE plaintiff alleges that the medical supervisors: NURSES as well as Doctors Denied Him equal Rights of medical treatment, And Claims to <sup>be</sup> shown inadequate denial of due process of not being allowed medicine shots prescribed for Health problems. THE plaintiff also claims that at the Cummins A.D.C. Director Review for Classification that He clearly stated in Front of Committee Personnels, not being treated fairly, while the Assistant Director LARRY MAY & WARDEN GAYLAN LAY, and all else was present on the Board in December 2012. THE SURE number of claims and defendants make this a factually Complex case without no excuses. Period.
- (2) In addition, one of the plaintiff's claims involve the denied of the WARDEN of the Unit in which He is being Housed to make sure that plaintiff is being treated for Right medical Reasons due to Him as well as other inmates. It will probably be necessary to present a medical expert witness to discuss or to cross exam medical witnesses called by the defendants.
- (3) THE plaintiff's ability to investigate. THE plaintiff is Locked up in administrative segregation and has no ability to investigate the facts. For example He is unable to identify, Locate, and interview medical staff for the exact reason He is constantly Denied & Disregarded for any other scheduled treatments on time with Delaying the processes. IN addition, this case will require considerable discovery concerning the history of the Medical Supervisors, Doctors, and Nurses at Cummins with prior records of negligents towards inmates and misuse of authority supervision & performances.
- (4) Conflicting Testimony. The Plaintiff definitely will have a time explaining the state of Conflicts ~~vs.~~ Defendants statements in this case. THIS aspect of the case will be a credibility Contest between the plaintiff & Defendants. THE existance of these credibility issues support the appointment of counselor needed to seek justice Relief.

(5) Legal Complexity: THE Large number of defendants, Some of whom are supervisory officials. Present complex Legal Issues of determining which defendants are sufficiently personally involved in the Constitutional Violations to be He or SHE Liable for penying Medical treatment for over 3 1/2 yrs.

(6) Merit OF THE CASE: THE Plaintiff's allegation, if proved clearly would establish a Constitutional Violation. THE THE UNPrevention and Injusticed Denied medical treatments on numerous occasions alleged in this complaint states clearly an Eighth Amendment violation. THE allegations of denial of proper medical care amount to "intentionally Interfering with the treatment once prescribed by original Doctors; which the Supreme Court has specifically Cited as an example of Unconstitutional deliberate indifference to prisoner's medical Needs. THE Unjustified denial of medical treatments with no supporting evidence of failure to give a meaningful Statement of Reasons for the inappropriate decision made by the Cummins A.D.C. Medical supervisors are all Plain Violations of due Process. And now comes the Big QUESTION in which truthfully needs to be Answered under Oath by defendants Medical supervisor or the Head Warden GAYLON LAY. The question which definitely Violated the Plaintiff's Rights is When? and Who? or What Doctor authorized to stop completely issuing insulin 7/30 prescribed to plaintiff by the numerous Defendants in this Claim? Totally violation of Cruel + Unusual Punishment by defendants. Proving Facts, then, this is a meritorious CASE Filed in U.S. District Court.

800-4

STATE OF ARKANSAS )  
COUNTY OF Jefferson ) §  
LINCOLN )

**AFFIDAVIT**

I, BYRON WALLACE, after first being duly sworn, do hereby swear, depose

and state that: I was waiting for a Response to complete the Last stage of exhaustion for grievance #CV-13-00276 in which was filed 1-26-2013. I filed an Appeal to Central OFFICE concerning the Medical Dept. at Cummins A.D.C. THE Meds. Department intentionally didn't respond to my Appeal process decision + purposely withheld copies of Original + Appeal form in which I most definitely completed and sent off. So I was supposed to receive communication from Central Office regarding this greivance by 05/09/2013, signed by Wendy L- kelley (deputy Director) on this date 03/28/2013. END of statement

I further swear that the statements, matters and things contained herein are true and accurate to the best of my knowledge, information and belief.

5/16/13  
DATE

B. Wallace  
AFFIANT

432-33-1737  
SOCIAL SECURITY #

SUBSCRIBED AND SWORN TO BEFORE ME, a Notary Public, on this 16<sup>th</sup> day of May, 2013.

Edwin Robinson Sr.  
NOTARY PUBLIC

My Commission Expires: March 30, 2017

EDWIN ROBINSON SR.  
NOTARY PUBLIC  
Commission # 15-36081  
Commission Expires March 30, 2017  
County of Jefferson



## ADMINISTRATIVE SEGREGATION REVIEW

## RECORD OF RELEASE CONSIDERATION

Institution	Cummins	60 Day Review	<input type="checkbox"/>	Special Consideration	<input type="checkbox"/>
Inmate Name	WALLACE, Byron	Warden's Review	<input type="checkbox"/>	Date of Initial	
ADC #	107098	Director's Review	<input checked="" type="checkbox"/>	Assignment	12/9/2010
Date:	1/7/2013				

## REASON FOR INITIAL ASSIGNMENT

- ☐ Seriousness of offense resulting in placement in maximum security
- ☐ Threat to security and good order of institution
- ☐ Requires maximum protection from themselves or others require protection from them

## COMMITTEE MEMBERS

## VOTE

Mr. L. May	Director	Remain	<input checked="" type="checkbox"/>	Release	<input type="checkbox"/>
Mr. R.G. Lay	Warden	Remain	<input checked="" type="checkbox"/>	Release	<input type="checkbox"/>
Major V.R. Robertson	Chief of Security	Remain	<input checked="" type="checkbox"/>	Release	<input type="checkbox"/>
Capt. D.W. Tate	Maximum Security	Remain	<input checked="" type="checkbox"/>	Release	<input type="checkbox"/>
Ms. Crystal Wood	Classification	Remain	<input checked="" type="checkbox"/>	Release	<input type="checkbox"/>
Mr. Jerry Moore	Mental Health	Remain	<input checked="" type="checkbox"/>	Release	<input type="checkbox"/>
Sgt. L. Cook	Security Threat Group	Remain	<input checked="" type="checkbox"/>	Release	<input type="checkbox"/>

## INMATE'S STATEMENT CONCERNING RELEASE OR CONTINUED SEGREGATION

*Inmate appeared to have issues explaining himself. Lying!*

## PSYCHOLOGICAL EVALUATION RESULTS: (See Attached)

*Do you suppose that ACTION/REASON I HAVE A Hard Time telling*

- ☒ Continued Segregation *the defendants about*
- ☐ Inmate has a rebellious and aggressive conduct, behavior and attitude
- ☐ Inmate has a history of assault on other inmates
- ☐ Inmate has a history of assault on staff personnel
- ☐ Inmate has been a threat to the security and good order of the institution
- ☐ Inmate has been a disciplinary problem since assignment
- ☒ Inmate must regain Class II before being considered for release
- ☐ Inmate has history of threatening other inmates and/or staff personnel
- ☐ Inmate indicates a chronic inability to adjust in the general population
- ☐ Release from Segregation *not receiving*
- ☐ Inmate is not a threat to the security and good order of the institution
- ☐ Inmate has shown improvement in conduct, attitude and behavior since being assigned.
- ☐ Inmate no longer indicates a chronic inability to adjust in the general population
- ☐ Other

*insulin? LIES!*

*A NEW Female officers said that I touched her & then turn around told them I brush against her breast. False*

*Remain due to inmates disciplinary history containing Battery on staff and making sexual threats.*

## DIRECTOR'S REVIEW

- ☒ I have reviewed the above and agree with the Committee's decision
- ☐ I have reviewed the above and am referring this back to the Committee

5098

DIRECTOR'S SIGNATURE

DATE

Original - Records Copy - Inmate Copy - Classification Office

IGTT405  
3GT

CU-13-00276

Attachment V

**ACKNOWLEDGEMENT OF GRIEVANCE APPEAL  
or REJECTION OF APPEAL**

TO: Inmate Wallace, Byron L.

ADC #: 107098D

FROM: Kelley, Wendy L

TITLE: Deputy Director

RE: Receipt of Grievance CU-13-00276

DATE: 03/28/2013

Please be advised, the appeal of your grievance dated

01/26/2013

was received in my office on this date 03/28/2013

BK14  
435-2  
Central OFF. didn't respond

You will receive communication from this office regarding this Grievance by 05/09/2013

- ☐ The time allowed for appeal has expired
- ☐ The matter is non-grievable and does not involve retaliation:
- ☐ (a) Parole and/or Release matter
  - ☐ (b) Transfer
  - ☐ (c) Job Assignment unrelated to medical restriction
  - ☐ (d) Disciplinary matter
  - ☐ (e) Matter beyond the Department's control and/or matter of State/Federal law
  - ☐ (f) Involves an anticipated event
- ☐ You did not send all the proper Attachments:
- ☐ (a) Unit Level Grievance Form (Attachment 1)
  - ☐ (b) Warden's/Center Supervisor's Decision (Attachment III); or Health Services Response Attached (Attachment IV for Health Issues Only)
  - ☐ (c) Did not give reason for disagreement in space provided for appeal
  - ☐ (d) Did not complete Attachment III or IV with your name, ADC#, and/or date
  - ☐ (e) Unsanitary form(s) or documents received
  - ☐ (f) This Appeal was REJECTED because it was a duplicate of , or was frivolous or vexatious

see back of this paper as well.

In this next yellow paper they are asking me to take a lie test by medding me but didn't, I still haven't given me a test, so I just want to know the process out what is the hold up. The grievance body have not responded to this yet now. They are hoping that I come into a sugar office or something else, then they would pretend that they had no knowledge of me ever complaining about insulin shots. That's would be a totally big face lie over the truth about how I died. Come up! But God is keeping me alive until this Truth come to court (U.S.). Attempted Murder.

435

## EXHIBIT (2)

CV-13-00276

## REQUEST FOR INTERVIEW

UNIT CumminsDATE: 4 MAR. 13TO: MR. JIMMY MITZEL OFFICE: GRIEVANCE COORDINATORFROM: BYRON WALLACE (Inmate's Name) NUMBER: 107098 BKS: 14 bk cell 35JOB ASSIGNMENT: Adseg SUPERVISOR: —WORKING HOURS: AM TO: PM

GIVE A DETAILED REASON FOR INTERVIEW: I received an acknowledgment form stating a response for grievance # CV-13-00276 on 3/4/13. I have not received any reason why or why not the Medical department has not responded.

Thank youB. Wallace

Inmate's Signature

ADC-CDC-614

An Extension Form was sent on 3-4-13 to you by Mrs. Matthews in the infirmary. You should receive communication by 3-14-13 J. Myer



Arkansas Department of Correction  
P. O. Box 8707  
Pine Bluff, Arkansas 71611

NOTE to Fed: Finally the defendants  
Allow me to exhaust my grievance  
at Central OFFICE, after the  
point that they probably read  
my Letter coming to you guys  
on the 13 of MAY. Look<sup>at</sup> the dates →

435  
↓  
Inmate Byron wallace  
ADC #107098  
Cummins Unit

N Typed out!  
Very Unusual. why?

RECEIVED  
MAY 14 2013  
CUMMINS UNIT  
MAILROOM

**CONFIDENTIAL**

Should've been  
before 9 MAY.  
Response.

Then got nerves to write "Confidential"  
on the outside stamped in "Red". How often  
do they write Confidential on a  
Letter. It is Confidential alright.  
They trying to kill me, it's confidential?  
3 1/2 yrs. being denied insulin shots!



Arkansas Department of Correction  
"Inmate Grievance Appeals"  
P.O. Box 8707  
Pine Bluff, Arkansas 71611

**RECEIVED**  
FEB 12 2013  
CUMMINS UNIT  
MAILROOM

not typed! 435U why not typed out?

↓  
Byron Wallace  
Cummins #107098

BK14/435U



Arkansas Department of Correction  
"Inmate Grievance Appeals"  
P.O. Box 8707  
Pine Bluff, Arkansas 71611

not typed?  
either, why? 43

No "confidential" stamped Here  
either.  
Plus even typed my name out  
on the "BIG" Confidential Letters.

↓  
B Wallace #107098  
Cummins  
CUMMINS UNIT  
MAILROOM  
**RECEIVED**  
JAN 23 2013

**UNIT LEVEL GRIEVANCE FORM (Attachment I)**

Unit/Center Cummins

Name BYRON WALLACE

ADC# 107098 Brks # 4-35 Job Assignment Adseg

FOR OFFICE USE ONLY	
GRV. #	_____
Date Received:	_____
GRV. Code #:	_____

4 MAR. 13 (Date) STEP ONE: Informal Resolution

\_\_\_\_\_ (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: \_\_\_\_\_

\_\_\_\_\_ (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why: \_\_\_\_\_

Is this Grievance concerning Medical or Mental Health Services? \_\_\_\_\_ If yes, circle one: medical or mental

**BRIEFLY** state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): I received an acknowledgment form on the 6th of Feb. 13 stating a response for grievance # CV-13-00276 would be coming before 3/4/13. I HAVEN'T received any reason why or why not the Medical Dept. has not yet responded. So today is the 4th of MAR. 13. I think they are intentionally violating the grievance procedure, and hindering my exhaustion of administrative remedies at Cummins Unit.

B. Wallace

4 MAR. 13

Inmate Signature

Date

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

**THIS SECTION TO BE FILLED OUT BY STAFF ONLY**

This form was received on 3-5-13 (date), and determined to be **Step One** and/or an Emergency Grievance

No (Yes or No). This form was forwarded to medical or mental health? Yes (Yes or No). If yes, name of the person in that department receiving this form: William Jackson Date 3-5-13

William Jackson 92138 William Jackson 3-4-13  
PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including dates: An extension was mailed to you, the response has been extended to 3-18-13 during the 3/8/13

X C Jackson 3-8-13 B. Wallace 8 MAR. 13  
Staff Signature & Date Returned Inmate Signature & Date Received

This form was received on \_\_\_\_\_ (date), pursuant to **Step Two**. Is it an Emergency? \_\_\_\_\_ (Yes or No).

Staff Who Received Step Two Grievance: \_\_\_\_\_ Date: \_\_\_\_\_

Action Taken: \_\_\_\_\_ (Forwarded to Grievance Officer/Warden/Other) Date: \_\_\_\_\_

If forwarded, provide name of person receiving this form: \_\_\_\_\_ Date: \_\_\_\_\_

**DISTRIBUTION: YELLOW & PINK** – Inmate Receipts; **BLUE**-Grievance Officer; **ORIGINAL**-Given back to Inmate After Completion of Step One and Step Two.

EXHIBIT (4)

IGTT400  
3GR

Attachment II

## ACKNOWLEDGMENT OR REJECTION OF UNIT LEVEL GRIEVANCE

TO: Inmate Wallace, Byron L.  
FROM: Mizell, Jimmy E  
DATE: 02/01/2013

ADC #: 107098D  
TITLE: ADC Inmate Grievance Coord  
GRIEVANCE #: CU-13-00276

Please be advised, I have received your Grievance dated 01/26/2013 on 02/01/2013.  
You should receive communication regarding the Grievance by 03/04/2013

TJ Myer  
Signature of ADC Inmate Grievance Coord

### CHECK ONE OF THE FOLLOWING

- ☐ This Grievance will be addressed by the Warden/Center Supervisor or designee.
- ☒ This Grievance is of a medical nature and has been forwarded to the Health Services Administrator who will respond. *still giving me the run arounds, Hoping I have sugar attack*
- ☐ This Grievance involves a mental health issue and has been forwarded to the Mental Health Supervisor who will respond. *and died die.*
- ☐ This Grievance has been determined to be an emergency situation, as you so indicated.
- ☐ This Grievance has been determined to not be an emergency situation because you would not be subject to a substantial risk of personal injury or other serious irreparable harm. Your Grievance will be processed as a Non-Emergency.
- ☐ This Grievance was REJECTED because it was either non-grievable ( ), untimely, was a duplicate of , or was frivolous or vexatious.

### INMATE'S APPEAL

If you disagree with a rejection, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director. Keep in mind that you are appealing the decision to reject the original complaint. Address only the rejection; do not list additional issues, which were not a part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

\_\_\_\_\_  
Inmate Signature

\_\_\_\_\_  
ADC #

\_\_\_\_\_  
Date

14/435

IGTT440  
3GE

Attachment X

## GRIEVANCE EXTENSION

TO INMATE: Wallace, Byron L.  
FROM: White-Matthews, Lanvanda E  
DATE: 03/04/2013

ADC#: 107098  
TITLE: Registered Nurse  
GRIEVANCE #: CU-13-00276

ADDITIONAL TIME IS NECESSARY IN ORDER TO:

Time to gather more information.

YOU WILL RECEIVE COMMUNICATION FROM THIS OFFICE BY: 03/18/2013

This Extension is automatic unless you specifically disagree; If you agree to the extension then no action is required on your part. If you DO NOT agree to the extension, check DISAGREE, sign your name on the signature line, write your ADC#, and date this form, and return the original to this office. If you do not agree, you understand that, with your decision, NO FURTHER ACTION will be taken on this issue, you WILL NOT have exhausted your administrative remedies, and your grievance will be returned to you without a decision regarding its merit.

☐ **DISAGREE** By disagreeing with this extension, I waive my right to have this grievance issue considered, and acknowledge I have not exhausted the grievance process as necessary to pursue a complaint.

ADC#: 107098 Date: \_\_\_\_\_

Inmate Signature

Lanvanda White-Matthews

03/04/2013

Warden/Center Supervisor Signature

\_\_\_\_\_  
Date

Chief Deputy/Deputy/Assistant  
Director/Director Signature

\_\_\_\_\_  
Date

*P.S. I finally received a response 03/18/13 by  
Nurse Laura Lee Morgan. Her signature Respondence.*



**UNIT LEVEL GRIEVANCE FORM (Attachment I)**Unit/Center CUMMINName BYRON WALLACEADC# 107098 Brks # 41 Job Assignment \_\_\_\_\_

FOR OFFICE USE ONLY

GRV. # \_\_\_\_\_

Date Received: \_\_\_\_\_

GRV. Code #: \_\_\_\_\_

26 JAN 13 (Date) STEP ONE: Informal Resolution

3 JAN 13 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)  
If the issue was not resolved during Step One, state why: \_\_\_\_\_(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why: Because MY Father 110-116 and SAFFER 110-116 of DICK or FINE.Is this Grievance concerning Medical or Mental Health Services? \_\_\_\_\_ If yes, circle one: medical or mental**BRIEFLY** state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): I am constantly/often complaining to several OFFICERS on ALL SHIFTS of Cummin as well as NURSES, DOCTORS Mental Health Personnel and support up above in RANK in this CHAIN of Command system to NO WALL. PLEASE NO MORE WHATSOEVER, JUST BECAUSE I HAVE troubleArticulating (EXpressing) words in my speech for 10 P.T.P. I HAVE put in plenty of work with my mother's R. Williams. Plus on the 7th of JAN 2013 I was scheduled and brought in front of LARRY D. MAY (Chief Deputy Director) in which I specifically pointed out over again to all CLASSIFICATION MEMBERS that I wanted being treated properly concerning my CHRONIC CARE & LIVING SITUATION with Mr. BLAND and Doctor MOORE. I HAVE HAD LONG REASONING arguments. I've shown that I NEED HELP. GOD IS ALMIGHTY. AMIN. SPECIAL NOTE: Mr. M. Austin signed on 10-23-12 concerning one of my grievances # CU-12-02363 B.P.

Inmate Signature

Date

B. Wallace 26 JAN 13  
**If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.****THIS SECTION TO BE FILLED OUT BY STAFF ONLY**This form was received on \_\_\_\_\_ (date), and determined to be **Step One** and/or an Emergency Grievance \_\_\_\_\_ (Yes or No). This form was forwarded to medical or mental health? \_\_\_\_\_ (Yes or No). If yes, name of the person in that department receiving this form: \_\_\_\_\_ Date \_\_\_\_\_

PRINT STAFF NAME (PROBLEM SOLVER)

ID Number

Staff Signature

Date Received

Describe action taken to resolve complaint, including dates: \_\_\_\_\_

Staff Signature &amp; Date Returned

Inmate Signature &amp; Date Received

This form was received on \_\_\_\_\_ (date), pursuant to **Step Two**. Is it an Emergency? \_\_\_\_\_ (Yes or No).

Staff Who Received Step Two Grievance: \_\_\_\_\_

Date: \_\_\_\_\_

Action Taken: \_\_\_\_\_ (Forwarded to Grievance Officer/Warden/Other) Date: \_\_\_\_\_

If forwarded, provide name of person receiving this form: \_\_\_\_\_ Date: \_\_\_\_\_

**DISTRIBUTION: YELLOW & PINK** – Inmate Receipts; **BLUE**-Grievance Officer; **ORIGINAL**-Given back to Inmate After Completion of Step One and Step Two.

Unit/Center COMMINSName BYRON WALLACEADC# 107092 Brks # 14-35 Job Assignment Adsec

FOR OFFICE USE ONLY

GRV. # \_\_\_\_\_

Date Received: \_\_\_\_\_

GRV. Code #: CU-13-0927

2 Apr. 13 (Date) STEP ONE: Informal Resolution

(Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)  
If the issue was not resolved during Step One, state why: \_\_\_\_\_2 Apr 13 (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why: Health problems not being treated at all. Serious. Doctor so on 30 13 not doing JOB Right! MeddlingIs this Grievance concerning Medical or Mental Health Services? \_\_\_\_\_ If yes, circle one: medical or mental  
**BRIEFLY** state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): I received a notice in themail on the 22nd of MARCH 2013 stating that I was not  
SUPPOSED TO EAT NOTHING AFTER MIDNIGHTS ON the 24th MARCH  
Because I was schedule for LAB TEST for the 25th But for  
SOME REASON I HAVEN'T SEEN A NURSE or Doctor to follow up on  
it. This is not the first time that I HAVE BEEN MISLEAD for a  
supposedly schedule LAB treatment for my BLOOD SUGAR TESTING.  
Today is April 2, 2013, so what & why haven't I been seen  
BY A Professionalist. I Have Exhaustion of Breathing and Dizziness  
with BLURRY VISION at often times of the day. Plus Migraine  
Headaches too. I am not being properly treated at Commings.  
Medding me with fake schedules.  
P.S. Plus I supposed to be receiving something for muscle problems  
in my Back & shoulders. Muscle Relaxers (Hydrocodone pills)B. Wallace

Inmate Signature

2 April 2013

Date

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

**THIS SECTION TO BE FILLED OUT BY STAFF ONLY**This form was received on 4-1-2013 (date), and determined to be **Step One** and/or an Emergency Grievance  
No (Yes or No). This form was forwarded to medical or mental health? Yes (Yes or No). If yes, name  
of the person in that department receiving this form: Jon Jackson Date \_\_\_\_\_

PRINT STAFF NAME (PROBLEM SOLVER)

ID Number 83808Staff Signature Jon Jackson4-1-2013  
Date Received

Describe action taken to resolve complaint, including dates: \_\_\_\_\_

Staff Signature &amp; Date Returned \_\_\_\_\_

Inmate Signature &amp; Date Received \_\_\_\_\_

This form was received on \_\_\_\_\_ (date), pursuant to **Step Two**. Is it an Emergency? \_\_\_\_\_ (Yes or No).

Staff Who Received Step Two Grievance: \_\_\_\_\_

Date: \_\_\_\_\_

Action Taken: \_\_\_\_\_

(Forwarded to Grievance Officer/Warden/Other) Date: \_\_\_\_\_

If forwarded, provide name of person receiving this form: \_\_\_\_\_

Date: \_\_\_\_\_

**DISTRIBUTION: YELLOW & PINK** - Inmate Receipts; **BLUE** - Grievance Officer; **ORIGINAL** - Given back to Inmate After Completion of Step One and Step Two.

IGTT400  
3GR

Attachment II

## ACKNOWLEDGMENT OR REJECTION OF UNIT LEVEL GRIEVANCE

TO: Inmate Wallace, Byron L.

ADC #: 107098D

FROM: Mizell, Jimmy E

TITLE: ADC Inmate Grievance Coord

DATE: 04/05/2013

GRIEVANCE #: CU-13-00927

Please be advised, I have received your Grievance dated 04/02/2013 on 04/05/2013.  
You should receive communication regarding the Grievance by 05/03/2013

  
\_\_\_\_\_  
Signature of ADC Inmate Grievance Coord

### CHECK ONE OF THE FOLLOWING

- ☒ This Grievance will be addressed by the Warden/Center Supervisor or designee.
- ☒ This Grievance is of a medical nature and has been forwarded to the Health Services Administrator who will respond.
- ☒ This Grievance involves a mental health issue and has been forwarded to the Mental Health Supervisor who will respond.
- ☐ This Grievance has been determined to be an emergency situation, as you so indicated.
- ☒ This Grievance has been determined to not be an emergency situation because you would not be subject to a substantial risk of personal injury or other serious irreparable harm. Your Grievance will be processed as a Non-Emergency.
- ☒ This Grievance was REJECTED because it was either non-grievable ( ), untimely, was a duplicate of , or was frivolous or vexatious.

### INMATE'S APPEAL

If you disagree with a rejection, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director. Keep in mind that you are appealing the decision to reject the original complaint. Address only the rejection; do not list additional issues, which were not a part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

\_\_\_\_\_  
Inmate Signature

\_\_\_\_\_  
ADC #

\_\_\_\_\_  
Date

YOU WILL BE ON LAB LAY IN ON MONDAY 4/15/13.  
PLEASE DO NOT EAT ANYTHING AFTER MIDNIGHT OF  
SUNDAY 4/14/13. YOU MAY DRINK WATER ONLY.  
FAILURE TO FOLLOW THESE INSTRUCTIONS WILL  
RESULT IN YOUR REFUSAL OF LAB DUE TO  
NONCOMPLIANCE.

THANKS

MCCONNELL

*I did go finally after I put  
greivance in about not seen in March.*

\_\_\_ NO YES - YOU WILL ALSO NEED TO BE PREPARED TO SUPPLY A  
URINE SAMPLE FOR LAB THAT MORNING.

*CU-13-00927*

NAME: Wallace, Byron ADC #: 107098 BK: 14/435

IGTT420  
3GH

Attachment IV

INMATE NAME: Wallace, Byron L.

ADC #: 107098D

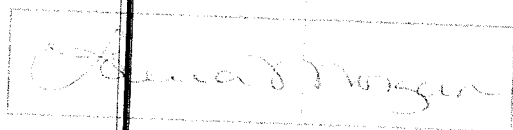
GRIEVANCE #: CU-13-00927

HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

(651) Your 4/4/2013 grievance has been received and reviewed as well as your medical record to determine if medically necessary health care, as determined by your health care providers, has been provided to you.

You state in your grievance that you were scheduled for lab work, and it has not been done yet.

Records reflect your last lab report results were dated 4/16/2013, so your lab work is current as of this time. You can send in a request to review your lab test results; therefore I find no merit to this grievance.



Signature of Health Services  
Administrator/Mental Health Supervisor or  
Designee

Laura Lee Morgan

Title

05/03/2013

Date

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the Deputy Director for Health & Correctional Programs along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues which were not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE?

*Because the A.D.C + Medical staff is basically conspiring together to deny me insulin shots in which I haven't received none or any accurate checks concerning my blood sugar level.*

Inmate Signature

ADC#

Date

Unit/Center CumminsName BYRON WALLACEADC# 107092 Brks # 14-35 Job Assignment Adseg

FOR OFFICE USE ONLY	
GRV. # <u>CU-1300927</u>	APR 05 2013
Date Received: _____	CUMMINS UNIT
GRV. Code #: <u>4</u>	GRIEVANCE OFFICE

2 Apr. 13 (Date) STEP ONE: Informal Resolution

4-4-13 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: Next week, I'm been

2 Apr. 13 (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to

a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why: Health problems not beingtreated at all. Serious. Doctor so on so is not doing JOB Right! MeddlingIs this Grievance concerning Medical or Mental Health Services? \_\_\_\_\_ If yes, circle one: medical or mentalBRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): I received a notice in themail on the 22nd of MARCH 2013 stating that I was notSUPPOSED to Eat NOTHING AFTER MIDNIGHT on the 24th MARCHBecause I was schedule for LAB TEST for the 25th But forsome Reason I HAVEN'T SEEN A NURSE or Doctor, to follow up onit. THIS is not the first time that I HAVE BEEN MISLEAD for aSupposedly scheduled LAB treatment for my BLOOD SUGAR TESTINGS.Today is April 2, 2013, so what & why Haven't I Been SeenBY A Professionalist. I Have Exhaustion of Breathing and Dizzinesswith BLURRY VISIONS at often times of the day, Plus MigraneHeadaches too. I am not being properly treated at Cummins.Meddling me with fake schedules.P.S. PLUS I supposed to be receiving something for muscle problemsin my Back & shoulders. Muscle Relaxers (Hydrocortisone pills)B. Wallace

Inmate Signature

2 April 2013

Date

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 4-1-2013 (date), and determined to be Step One and/or an Emergency GrievanceNO (Yes or No). This form was forwarded to medical or mental health? Yes (Yes or No). If yes, nameof the person in that department receiving this form: Jon Jackson Date 4-1-13PRINT STAFF NAME (PROBLEM SOLVER) 83808 Staff Signature Mary Seary Date 4-1-2013Describe action taken to resolve complaint, including dates: Rescheduled next week for Lab work, solving forthe delay - Sunday APR 4/4/13Staff Signature & Date Returned [Signature] Inmate Signature & Date Received [Signature]This form was received on 4/4/13 (date), pursuant to Step Two. Is it an Emergency? NO (Yes or No).Staff Who Received Step Two Grievance: C. E. Evans Date: 4/14/2013Action Taken: Forwarded to Grievance Officer/Warden/Other Date: 4/14/13

If forwarded, provide name of person receiving this form: \_\_\_\_\_ Date: \_\_\_\_\_

DISTRIBUTION: YELLOW &amp; PINK - Inmate Receipts; BLUE-Grievance Officer; ORIGINAL-Given back

to Inmate After Completion of Step One and Step Two.

INMATE NAME: Wallace, Byron

BARRACKS: 4/435

ADC NUMBER: 107098

MEDICAL DEPARTMENT

NOTIFICATION OF DIAGNOSTIC TEST RESULTS

THIS IS TO INFORM YOU THAT WE HAVE RECEIVED THE RESULTS OF YOUR  
DIAGNOSTIC TEST PERFORMED ON 4-15-13

1. \_\_\_\_\_ BASED ON THE RESULT OF YOUR TEST YOU WILL BE SCHEDULED  
FOR FOLLOW-UP WITH A PHYSICIAN OR MID-LEVEL PRACTITIONER.  
PLEASE CHECK THE DAILY LAY-IN LIST FOR THIS ENCOUNTER.

2. X BASED ON THE RESULT OF YOUR TEST, THERE IS NO CLINICAL  
NEED FOR FOLLOW-UP AT THIS TIME. TO DISCUSS YOUR RESULTS WITH A  
MEMBER OF OUR HEALTH CARE STAFF. YOU MAY SUBMIT A SICK CALL  
REQUEST OR A REQUEST AN INTERVIEW WITH THE HEALTH SERVICES  
ADMINISTRATOR.

*Trying to MisLead me. No accurate checks  
never taken.*

NEITHER THE FOLLOW-UP IN ITEM 1, NOR A REQUEST INITIATED BY YOU IN ITEM  
2 WILL RESULT IN A CO-PAY FEE.

G. M. B. B/WA

SIGNATURE OF PHYSICIAN OR MID-LEVEL PRACTITIONER

4/30/13

DATE

**UNIT LEVEL GRIEVANCE FORM (Attachment I)**Unit/Center COMMINSName BYRON WALLACEADC# 107093 Brks # 16 cd 3L3 Job Assignment INSIDE

FOR OFFICE USE ONLY

GRV. # \_\_\_\_\_

Date Received: \_\_\_\_\_

GRV. Code #: \_\_\_\_\_

(Date) STEP ONE: Informal Resolution \_\_\_\_\_

(Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.) \_\_\_\_\_

If the issue was not resolved during Step One, state why: \_\_\_\_\_

15 MAR (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why: NEED INSULIN, PLUS SCRIPT

for Double Handcuffs

Is this Grievance concerning Medical or Mental Health Services? \_\_\_\_\_ If yes, circle one: medical or mental

**BRIEFLY** state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): Every so often I have

problems with officers as well as officers (sergeant) when I tell them about needing double cuffs. I tell them I need to renew my scripts for concerning handcuffs in which supposed to be in MY Medical Jacket as well as insulin shots from not been given over two years along with muscle relaxer pills in which infirmity nurses stop on their own. Over and over again I tell them that MY scripts are in my records. Ms. Blancy is not a Doctor in which tells me what supposed to be wrong with me. She has no knowledge of my well being, just by looking at me.

R. Wallace

Inmate Signature

15 MAR 12

Date

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.**THIS SECTION TO BE FILLED OUT BY STAFF ONLY**

This form was received on 3-15-12 (date), and determined to be **Step One** and/or an Emergency Grievance (Yes or No). This form was forwarded to medical or mental health? \_\_\_\_\_ (Yes or No). If yes, name of the person in that department receiving this form: \_\_\_\_\_ Date \_\_\_\_\_

Col R. Meadows 31590 Col R. Meadows, 3-15-12

PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including dates: ON 3-15-12 Nurse King looked in Your Jacket and she advised me you do not have NO kind of script for double cuff or diabetic scripts

Col R. Meadows 3-15-12

Staff Signature &amp; Date Returned

Inmate Signature &amp; Date Received

This form was received on \_\_\_\_\_ (date), pursuant to **Step Two**. Is it an Emergency? \_\_\_\_\_ (Yes or No).

Staff Who Received Step Two Grievance: \_\_\_\_\_ Date: \_\_\_\_\_

Action Taken: \_\_\_\_\_ (Forwarded to Grievance Officer/Warden/Other) Date: \_\_\_\_\_

If forwarded, provide name of person receiving this form: \_\_\_\_\_ Date: \_\_\_\_\_

**DISTRIBUTION: YELLOW & PINK** – Inmate Receipts; **BLUE**-Grievance Officer; **ORIGINAL**-Given back to Inmate After Completion of Step One and Step Two.



**UNIT LEVEL GRIEVANCE FORM (Attachment I)**

Unit/Center CUMMINS

Name BYRON WALLACE

IC# 107098 Brks # 16 cell 313 Job Assignment INSIDE LAWN

FOR OFFICE USE ONLY  
GRV. # 017202303  
Date Received: SEP 25 2012  
CUMMINS UNIT  
GRIEVANCE OFFICE

20 SEPT. 12 (Date) STEP ONE: Informal Resolution

24 SEPT. 12 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)  
If the issue was not resolved during Step One, state why: \_\_\_\_\_

20 SEPT. 12 (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why: Because Ms. BLAND is a Nurse and I was schedule Dr. MOORE to see but some how reason I Didn't.  
Is this Grievance concerning Medical or Mental Health Services? ☒ If yes, circle one: medical or mental  
**BRIEFLY** state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): ON MARCH 15, 2012 I filled out a medical grievance concerning the fact that I HAV BEEN incarcerated for over 2 1/2 years without receiving INSULIN shots plus the fact a double handcuff which they claim that it's not in the computer because Ms. SO-AND, NURSE Didn't or forgot to place it in the computer. I explaine to them over and over that Ms. BLAND is NOT A Doctor in the MAR 15 grievance. CO<sup>2</sup> R. Meadows supposed to have took my grievance to the infirmary for a response but to do is JOB, He did not. HE CO<sup>2</sup> MEADOWS CAME BACK to 16 Barrack and told CO<sup>2</sup> MOET to give the grievance Back to ME with a Lying Report says, "Ms. King (NURSE) told Him I don't Have no scripts. So NURSE KING told me she had no knowledge of my grievance being brought to Her. Lies MS. BLAND tells me what suppose to be wrong without any questi

B. Wallace

Inmate Signature

20 SEPT. 12

Date

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

**THIS SECTION TO BE FILLED OUT BY STAFF ONLY**

This form was received on 9/21/12 (date), and determined to be **Step One** and/or an Emergency Grievance NO (Yes or No). This form was forwarded to medical or mental health? Yes (Yes or No). If yes, name of the person in that department receiving this form: Sgt. King Date 9/21/12

PRINT STAFF NAME (PROBLEM SOLVER) Sgt. King ID Number 55551 Staff Signature Sgt. King Date Received 9/21/12

Describe action taken to resolve complaint, including dates: March 15, 2012 is out of the 15 day timeframe for your complaint. you were scheduled for chondro care on 5-2-12 + 9-28-12 + Refused your visit. Cause 9-24-12

Staff Signature & Date Returned [Signature] 9/24/12 Inmate Signature & Date Received B. Wallace 24 SE

This form was received on 9/24/12 (date), pursuant to **Step Two**. Is it an Emergency? NO (Yes or No).

Staff Who Received Step Two Grievance: CO<sup>2</sup> E. Evans Date: 9/24/12

Action Taken: \_\_\_\_\_ (Forwarded to Grievance Officer/Warden/Other) Date: 9/24/12

If forwarded, provide name of person receiving this for: \_\_\_\_\_ Date: \_\_\_\_\_

**DISTRIBUTION: YELLOW & PINK** - Inmate Receipts; **BLUE**-Grievance Officer; **ORIGINAL**-Given back to Inmate After Completion of Step One and Step Two.

IGTT420  
3GH

Attachment IV

INMATE NAME: Wallace, Byron L.

ADC #: 107098D

GRIEVANCE #: CU-12-02363

HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

(612) Your 9-24-12 grievance has been received and reviewed as well as your medical record to determine if medically necessary healthcare, as determined by your healthcare providers, has been provided to you. You state you refused your chronic care visits of 5-2-12 and 9-18-12 because Mrs Bland is a nurse and you were scheduled for Dr Moore but for some reason you didn't see him. SEE AFFIDAVIT You were scheduled for Diabetes chronic care clinic with Mrs Bland on 5-2-12 and 9-28-12 and you refused your visits. Mrs Bland is an Advanced Practice Nurse and is a qualified medical professional. Your grievance is without merit, however, you will be scheduled for a Chronic Care Clinic visit with Dr Moore for your yearly physician chronic care visit. If your medical condition changes please address any concerns through the sick call

THEY Refuse me  
on their on.

M. Austin

Signature of Health Services  
Administrator/Mental Health  
Supervisor or Designee

PH/HSA

Title

10-23-12

Date

10-25-12 Seen Fake Dr. Moore, false  
doctor

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the Deputy Director for Health & Correctional Programs along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues which were not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE?

Inmate Signature

ADC#

Date

800-4

STATE OF ARKANSAS )  
COUNTY OF LINCOLN )§

AFFIDAVIT

I, BYRON WALLACE, after first being duly sworn, do hereby swear, depose and state that: ON THE 11th of NOV. 2012 that Ms. CO<sup>2</sup> BAILEY, A. was sent to my cell Block 13 Barrack 16 to ask me if or not I was going to sign a medical Health Refusal FORM in which Cummins medical staff drew up without my knowledge of ever being even asked whether or not I was going to the infirmary for whatever reasoning due concerning my health issues, THIS form of Refusal is how they get any illeterate inmate to sign without being competent on the knowledge of the state plot. It totally violates my Constitutional Rights to file any LAWSUIT in America in which I served in the U.S. NAVY.

I further swear that the statements, matters and things contained herein are true and accurate to the best of my knowledge, information and belief.

11 NOVEMBER 12  
DATE

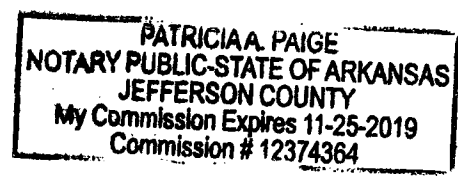
B. Wallace #107098  
AFFIANT

1-21-68  
SOCIAL SECURITY #

SUBSCRIBED AND SWORN TO BEFORE ME, a Notary Public, on this 11 day of 11, 2012.

Patricia A. Paige  
NOTARY PUBLIC

My Commission Expires: 11/25/2019



THEREFORE Cummin Prison System is designed to Refuse ARKANSAS inmate medical problems without chances of inmate receiving proper assistant present with or without a Lawyer to defend their cause.

So I HAVE constantly repeated to several OFFICER, NURSES, as well as Doctors who work at Cummin Unit for more than over three years and counting that I definitely suppose to be receiving my insolent shots along with BLOOD sugar tests along with the pills to no avail of further questions about why or why not. It's very Oblivious this Cummins System is up to something other than my well being without even Listening to my grievances I've written about my safety. THEY HAVE NO Excuses of trying to Cover up the Truth of what I'm saying. Now the Last Doctor was Dr. MOORE on the 25th of OCT. 2012 in which I kept telling and well as explaining my insolent situation to Him personally I Haven't and still yet as I'm writting this Emergency AFFIDAVIT out received no proper assistant from any NURSE, OFFICERS, or so-called Professional Doctor working for the ADC.

Dr. MOORE strictly pointed out on 25th of NOV. 12 that I don't get insolent without Him questioning the fact that I personally do so indeed by my knowledge. NOT MAN or Computer in this place. He says it's not any information in the computer.

Other WORDS, SO BE IT. THATs Final on that. "End of Statement"

BYRON WALLACE  
APS - Cummins  
P.O. BOX 500  
GRADY, AR. 71644

I had a spider or Boil on my face, big as the size of a Nickel coin, and they didn't even let me see a Doctor for this. Just because of this Lawsuit filed on them. Fake nurses didn't treat my situation right at all. Ms. Williams did like she supposed to by herself when her days of working came on. No other ones did the job right, and in some nights they denied even seeing me to be treated properly on scheduled duty in which they were called to perform treatment on my face. They probably wanted my face to Rot off by getting infected from no proper treatment. Didn't ask me of situation similar to my illness did I need a personal plastic bag for Laundry, for other inmates want catch the boil. That's how I caught it in the first place, by ~~putting~~<sup>putting</sup> an inmate in my cell with Boils not being properly disposed by using extreme precaution measures taken to ensure that Boils don't spread to other inmates.

ARKANSAS DEPARTMENT OF CORRECTION

**Medical Restrictions/Limitations/Special Authorization(s)****MSF-207****PART 1 - RESTRICTIONS:****RESTRICT INMATE FROM:**

- ☐ Restrict assignment requiring strenuous physical activity for periods in excess of hours.
- ☐ Restrict assignment requiring prolonged crawling, stooping, running, jumping, walking or standing.
- ☐ Restrict assignment requiring handling, lifting of heavy materials in excess of pounds or requiring overhead work for a period in excess of hours.

**PART 2 - LIMITATIONS:****INMATE REQUIRES:**

- \* ☐ Bed Rest days. Reason:
- ☐ No Duty days. Reason:
- ☐ No Yard Call days. Reason:
- ☐ No Sports days. Reason:
- ☐ One Arm/Hand Duty days.

**PART 3 -****SPECIAL AUTHORIZATIONS:****INMATE IS AUTHORIZED TO:**

- ☒ Report to the Infirmary for Special Treatments( ) *PM 4B*
- ☒ Soak: CLEAN RT. CHEEK WOUND DAILY, DAO, DRY GAUZE
- ☐ Exercise:
- ☐ Other:
- ☐ Bathe in the Infirmary
- ☐ Sitz Bath
- ☐ Cast
- ☒ Other: WARM COMPRESS DAILY--10 MIN.
- ☐ Have in Possession:
- ☐ Cane
- ☐ Crutches
- ☐ Brace: (describe briefly)
- ☐ Prescribed Footwear:
- ☐ Orthopedic Appliance: (describe briefly)
- ☒ Other: NO SHAVING CLIPPER OR RAZOR--TEN DAYS
- \* ☐ Go to Dining/Pill Window/Shower Only

This Medical Restriction(s)/Limitation(s)/Special Authorization(s) Starts: 03/01/2013 05:54:00 PM

This Medical Restriction(s)/Limitation(s)/Special Authorization(s) Ends: 03/11/2013 05:54:00 PM

**Name:** Wallace, Byron L.**DOB:** 01/21/1968**ADC#:** 107098


Estella Bland

Distribution: Original - Medical Jacket

*No treatment, Denying me because of my medical Lawsuit in progress.*

**UNIT LEVEL GRIEVANCE FORM (Attachment I)**

Unit/Center CUMMINS

Name BYRON WALLACE

ADC# 107098 Brks # 41-35 Job Assignment AD SEG

FOR OFFICE USE ONLY	
GRV. #	_____
Date Received:	_____
GRV. Code #:	_____

**3 MAR 13** (Date) STEP ONE: Informal Resolution

(Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: \_\_\_\_\_

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to

a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why: \_\_\_\_\_

Is this Grievance concerning Medical or Mental Health Services? ✓ If yes, circle one: medical or mental

**BRIEFLY** state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): I once again turned a Sick-call slip in to Ms. RICE (NURSE) about severe serious Migraine Headaches and Dizziness, Plus I now been complaining concerning a Spider Bite or Boil on the left side of my face. Size of a QUARTER COIN with a nice seen Hole clearly noticeable to any person. Ten days its been told and clearly pointed out among staff (officers) and sick call nurses passing me by, Same Responses "Turn in a fake sick call slip, to no avail" And then they say "Refer you to a Doctor" without giving no medicine or treatment for wound as of that moment. I person need immediate Help, not waiting on the GREAT Pumpkin to come off wherever Hellshe is at. On Leave! Until then what? Ms. RICE CAME back to my cell and talked about what she saw in the computer without turning my sick call to see to see a Doctor like they pretend. It's not her job to take it upon herself to answer a sick call. She talked about pills instead of my problem on my face. What they going to let my face Rot off?

B. Wallace

3 MAR. 13

Inmate Signature

Date

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

**THIS SECTION TO BE FILLED OUT BY STAFF ONLY**

This form was received on 03/MAR/13 (date), and determined to be **Step One** and/or an Emergency Grievance

(Yes or No). This form was forwarded to medical or mental health? (Yes or No). If yes, name of the person in that department receiving this form: \_\_\_\_\_

CO. KOZURSKI, ERICH 94272 CO. 3 Date 3-3-13

PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including dates: you were seen on sick call 3/6/13, and you were placed on antibiotic 3/1/13 Surgery apr 3/6/13

Staff Signature & Date Returned [Signature] 3/6/13 Inmate Signature & Date Received B. Wallace 6 MAR 13

This form was received on \_\_\_\_\_ (date), pursuant to **Step Two**. Is it an Emergency? \_\_\_\_\_ (Yes or No).

Staff Who Received Step Two Grievance: \_\_\_\_\_ Date: \_\_\_\_\_

Action Taken: \_\_\_\_\_ (Forwarded to Grievance Officer/Warden/Other) Date: \_\_\_\_\_

If forwarded, provide name of person receiving this form: \_\_\_\_\_ Date: \_\_\_\_\_

**DISTRIBUTION: YELLOW & PINK** – Inmate Receipts; **BLUE**-Grievance Officer; **ORIGINAL**-Given back to Inmate After Completion of Step One and Step Two.

ARKANSAS DEPARTMENT OF CORRECTION

**Medical Restrictions/Limitations/Special Authorization(s)**

**MSF-207**

**RT 1 - RESTRICTIONS:**

**RESTRICT INMATE FROM:**

- ☐ Restrict assignment requiring strenuous physical activity for periods in excess of hours.
- ☐ Restrict assignment requiring prolonged crawling, stooping, running, jumping, walking or standing.
- ☐ Restrict assignment requiring handling, lifting of heavy materials in excess of pounds or requiring overhead work for a period in excess of hours.

**PART 2 - LIMITATIONS:**

**INMATE REQUIRES:**

- \* ☐ Bed Rest days. Reason: *Boil or spider bite still on*
- ☐ No Duty days. Reason: *Left side of face without*
- ☐ No Yard Call days. Reason: *ever seeing a Doctor to describe*
- ☐ No Sports days. Reason: *instruction for nurse to follow*
- ☐ One Arm/Hand Duty days.

**PART 3 -**

**SPECIAL AUTHORIZATIONS:**

**INMATE IS AUTHORIZED TO:**

- ☐ Report to the Infirmary for Special Treatments( ) *up on with treatments*
- ☐ Soak:
- ☐ Exercise:
- ☐ Other:
- ☐ Bathe in the Infirmary
- ☐ Sitz Bath
- ☐ Cast
- ☐ Other:
- ☐ Have in Possession:
  - ☐ Cane
  - ☐ Crutches
  - ☐ Brace: (describe briefly)
  - ☐ Prescribed Footwear:
  - ☐ Orthopedic Appliance: (describe briefly)
  - ☒ Other: *NO SHAVING CLIPPER OR RAZOR FOR TWO WEEKS*
- \* ☐ Go to Dining/Pill Window/Shower Only *How can I behind Bars. cell*

This Medical Restriction(s)/Limitation(s)/Special Authorization(s) Starts: 03/18/2013 05:22:00 PM  
 This Medical Restriction(s)/Limitation(s)/Special Authorization(s) Ends: 04/01/2013 05:22:00 PM

*Estella Bland*

**Name:** Wallace, Byron L.  
**DOB:** 01/21/1968  
**ADC#:** 107098

Estella Bland

Distribution: Original - Medical Jacket

*I received this Medical Restriction extension on 22 MARCH while they stop my Last treatment on the 10th and not 11th either. Records will reflect not being treated afterwards, check Cameras and prison Log. This is a cover up shit for them only.*



BK 14/4354

ORIGINAL  
1-COPY

Attachment IV

IGTT420

3GH

13 MAY 21 AM 10:13

INMATE NAME: Wallace, Byron

ADC #: 107098D

GRIEVANCE #: CU-13-00276

HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

(612) Your 1/31/2013 grievance has been received and reviewed as well as your medical record to determine if medically necessary health care, as determined by your health care providers, has been provided to you.

You stated in your 1/31/2013 grievance that you have a hard time receiving answers from providers during your chronic care visits.

Records reflect you were seen for your chronic care visit on 1/31/2013, by the nurse. Your next chronic care visit is to be scheduled in April, all your chronic care meds are up to date. It is noted in your chronic care visits that you understood the care received; therefore I find this grievance without merit. - That's a lie!

It's understood that they are trying to kill me when I keep telling Doctors as well as Nurses, that I was prescribed Insulin shots from my doctor along with pills. Why is my prescribed insulin not showing information with pills. No Excuses. Attempted Murder! Conspiracy

Signature of Health Services  
Administrator/Mental Health Supervisor or  
Designee

Laura Lee Morgan

03/18/2013

Title

Date

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the Deputy Director for Health & Correctional Programs along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues which were not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

RECEIVED-DEPUTY DIRECTOR  
APR 25 2013  
CORRECTIONAL PROGRAMS  
MAR 27 2013

WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE? Grievance stands as Written. I disagree because inmates are not being treated like supposed to be concerning Health issues while living in prison. Inmates are dying because of not being properly seen by Doctors at Cummins Unit. Inmates Losing eye sight and etc. Ineffective assistance and Bogus Records Reports.

B. Wallace

Inmate Signature

107098

ADC#

20 MAR. 2013

Date

## UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center CUMMINSName BYRON WALLACEDC# 107098 Brks # 14-35 Job Assignment \_\_\_\_\_

RECEIVED	
FOR OFFICE USE ONLY	
GRV. #	<u>CU-13-02276</u>
Date Received:	<u>1/31/13</u>
GRV. Code	<u>602</u>

26 JAN 13 (Date) STEP ONE: Informal Resolution

31 JAN 13 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: People go Blind, Cripple, andCrazy when denied medicine treatment for Diabetic shots, Regular.(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why: Because MY Future Healthand SAFETY is at stake or RISK.Is this Grievance concerning Medical or Mental Health Services? \_\_\_\_\_ If yes, circle one: medical or mentalBRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): I am constantly often complainingto several OFFICERS on ALL SHIFTS at Cummin as well as NURSES, DOCTORS, Mental Health PERSONNEL, and Sergeants up above in RANK in this CHAIN OF Command Prison System to NO AVAIL. Plus NO Result WHATSOEVER, JUST BECAUSE I HAVE troubleArticulating (EXPRESSING) WORDS in my speech due to PTSD.I HAVE put in plenty of sick calls as well as Resolutions. Plus on the 7th of JAN. 2013 I was scheduled and brought in front ofLARRY D. MAY (chief Deputy Director) in which I specifically pointedout over again to all CLASSIFICATION MEMBERS that I wasn't being treated properly, concerning my CHRONIC CARE CLINIC VISITSwith Ms. BLAND and Doctor MOORE. I HAVE HARD timesReceiving answers. It's obvious that I NEED Help. GOD IS ALMIGHTY. AMEN! SPECIAL NOTE: Ms. M. AUSTIN signed on10-23-12 concerning one of MY Grievance # CU-12-02363 BOBVSB. Wallace26 JAN. 13

Response

Inmate Signature

Date

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

## THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 1-26-13 (date), and determined to be Step One and/or an Emergency GrievanceNo (Yes or No). This form was forwarded to medical or mental health? Yes (Yes or No). If yes, nameof the person in that department receiving this form: [Signature]Date 1-26-13

PRINT STAFF NAME (PROBLEM SOLVER)

ID Number 83484Staff Signature [Signature]Date Received 1-26-13Describe action taken to resolve complaint, including dates: All of your chronic care meds are  
current and you are on the list to be seen in chronic care this week.  
You will be able to discuss all your concerns during that visit.  
- Dr. [Signature] 1/30/13Staff Signature & Date Returned [Signature] 1/31/13Inmate Signature & Date Received B. Wallace 31 JAN. 13This form was received on 1/31/13 (date), pursuant to Step Two, was it an Emergency? \_\_\_\_\_ (Yes or No).Staff Who Received Step Two Grievance: [Signature]Date: 1/31/13

Action Taken: \_\_\_\_\_ (Forwarded to Grievance Officer/Warden/Other) Date: \_\_\_\_\_

If forwarded, provide name of person receiving this form: \_\_\_\_\_ Date: \_\_\_\_\_

DISTRIBUTION: YELLOW &amp; PINK - Inmate Received; BLUE - Grievance Officer; ORIGINAL - Given back to Inmate After Completion of Step One and Step Two.

IGTT430  
3GD

Attachment VI

INMATE NAME: Wallace, Byron L.

ADC #: 107098

GRIEVANCE#: CU-13-00276

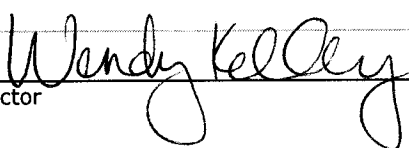
On January 26, 2013, you grieved that you have a hard time receiving answers from providers during your chronic care visits.

The medical department responded, "Records reflect you were seen for your chronic care visit on 1/31/2013, by the nurse. Your next chronic care visit is to be scheduled in April, all your chronic care meds are up to date. It is noted in your chronic care visits that you understood the care received; therefore I find this grievance without merit." *LIE* *THIS MAY 14, 2013* *lying*

Your appeal states that inmate's health issues are not being treated like they are supposed to be. You state that inmates are dying and losing their eye sight due to not being seen properly by the doctors. You state, "ineffective assistance and bogus record reports". *YES*

According to the grievance policy, "the inmate should write a brief statement that is specific as to the substance of the issue or complaint to include the date, place, and personnel involved or witnesses and how the policy or incident affected the inmate submitting the form". You did not provide specific information as to what answers you are not being provided with or how your health issues are not being properly treated. Without such information, your allegations cannot be properly investigated.

I encourage you to utilize the sick call process as it allows you to request health care services as you deem necessary. This appeal is without merit.

  
Director

5/8/13  
Date

Note to Feds: I just received this "Confidential" Letter <sup>from</sup> the defendants later than supposed date in which was on 9 MAY 2013 instead of me receiving a response clearly on the outside of this ~~letter~~ Letter posted that I received this on the 14 MAY 13, totally lying & contradicting themselves. So do I sound CRAZY if I was bleeding from a gun shot wound, then I notified staff medical administrators including their supervisor named Wendy Kelley that I have been shot by a gun, Do I then have to describe the time, place, and what happened to me, just to be treated for a gun shot. They'll clearly see the blood on my clothing from incident, so why would or what then would they reasoning that they find no merit to treat my wounds. So what & How can you say that she find no merit for not treating me insulin after I over & over again tell you that I take insulin, and I also describe the insulin I was prescribed from my Doctor. No excuses, try to kill me!

### VERY SPECIFIC NOTE.

The defendants (Defts), Health services response to unit level Grievance always states, "If you are not satisfied with this, response, you may appeal this decision within five working days by filling in the information requested below & mailing it to the Deputy Director for Health & Correctional Programs along with the Unit Level Grievance Form. So now comes the question as to why or what is the reason that Central OFFICE Wendy Kelley didn't Respond on or before the due date 9 MAY 2013 concerning CV-13-00276 Like time was definitely stated by Wendy L. Kelley. A Person seeking the truth in this matter concerning dates not properly met on schedule can see that a Letter from Central OFFICE CAME on the 14<sup>th</sup> of MAY 2013 instead of the 9<sup>th</sup> of MAY. So to the Late Respondence from the defendants clearly shows the time allowed expired from defendants to Respond. EVEN thou the defendants were intentionally not going to Respond to the grievance, I, BYRON WALLACE anyway was about to & still at the moment <sup>to</sup> file my Lawsuit on this claim of Cruel & Unusual Punishment by the defendants intentionally unlawfully denying me insulin & other Health care issues prescribed by MY Doctors in the VA Hospital. Be denied insulin can cause extreme complications to Health. Another thing, the Defendants typed out my name and stamped Confidential on MY Last Exhausted Late Response for the grievance on the outside of the Received Letter, which is dated clearly seen MAY 14, 2013. The defendants "ONLY" decided to Response because they must have Read my Letter coming INTO you guys from the 13<sup>th</sup> MAY, explaining myself. They go inside my Letters go out & coming in sealed. They don't have right to do what's unauthorized to do.  
AMEN!